

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 09/117447

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3				1		
4				1		
5				1		
6				1		
7				1		
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9				1		
10				1		
11				1		
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15				1		
16		1		1		
17		2		1		
18		3		1		
19		3		1		
20		3		1		
21		3		1		
22		2		1		
23		2		1		
24		2		1		
25		2		1		
26		2		1		
27		2		1		
28	1	1	1	1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33		1		1		
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36		1		1		
37	1	1	1	1		
38		1		1		
39		1		1		
40		3		1		
41		3		1		
42		3		1		
43		3		1		
44		3		1		
45		3		1		
46		3		1		
47		3		1		
48		3		1		
49		3		1		
50		3		1		
TOTAL IND.			7			
TOTAL DEP.			35			
TOTAL CLAIMS			42			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY